2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N94000004847

Entity Name: POLK COUNTY CRIME STOPPERS, INC.

Current Principal Place of Business:

811 E MAIN ST
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2681
LAKELAND, FL 33806 US

New Mailing Address:

FEI Number: 59-3259825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARTER, MICHAEL E
811 E MAIN ST
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	CARTER, MICHAEL E	
Address:	811 E MAIN ST	
City-St-Zip:	LAKELAND, FL 33801	
Title:	D	( ) Delete
Name:	FREEBERN, SUSAN	
Address:	P.O. BOX 8162	
City-St-Zip:	LAKELAND, FL 338028162	
Title:	D	( ) Delete
Name:	HART, BARBARA	
Address:	1936 GEORGE JENKINS BLVD	
City-St-Zip:	LAKELAND, FL	
Title:	P	( ) Delete
Name:	THRELKEL, JAMES	
Address:	1315 N. LAKE ELBERT DR.	
City-St-Zip:	WINTER HAVEN, FL 33881	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	THRELKEL, JAMES	
Address:	1315 N. LAKE ELBERT DR.	
City-St-Zip:	WINTER HAVEN, FL 33881	
Title:	C	( ) Change (X) Addition
Name:	SELF, BROCK	
Address:	PO BOX 7484	
City-St-Zip:	LAKELAND, FL 33807	
Title:	VC	( ) Change (X) Addition
Name:	BAKER, BARBARA	
Address:	1956INDIAN TRAILS CT	
City-St-Zip:	LAKELAND, FL 33813	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CARTER T 01/17/2009

Electronic Signature of Signing Officer or Director — Date